

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003172

STATE FILE NUMBER

AMENDED

Registration District No. 290

Primary Registration District No. _____

Registrar's No. 14

FILED JAN 31 1962

1. PLACE OF DEATH

a. COUNTY

Pulaski

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Waynesville

Length of stay in lb

2 1/2 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Waynesville General

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Miller

c. CITY

OR

TOWN Brumley

Inside Limits

Yes ☐ No ☒d. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Georgia

Middle

May

Last

Ballenger

4. DATE
OF
DEATH

Month

Day

Year

January 24, 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

12/27/1895

9. AGE (last birthday)

66

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Brumley, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Albert Scott

13b. MOTHER'S MAIDEN NAME

Minnie Scott

14. NAME OF HUSBAND OR WIFE

Ruben S. Ballenger (dec)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Kathleen Jeffries Brumley, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (1)

DUE TO (2)

1) Hemiparesis cerebral, severe
2) Hypertension, Malignant, severe
3) Atherosclerosis, generalizedINTERVAL BETWEEN
ONSET AND DEATH

24 hrs.

3 years

5 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1-22-62, to

and last saw her alive on 1-24-62

Death occurred at

8:53 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Type or print)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

1-26-1962

23c. NAME OF CEMETERY OR CREMATORY

Freedom Cemetery

23d. LOCATION (City, town, or county)

Camden County, Missouri

24. FUNERAL DIRECTOR

Jay L. Stevenson

25. DATE RECD. BY LOCAL REG.

1-26-62

26. REGISTRAR'S SIGNATURE

Gustaf Anderson

Scrivner-Stevenson Iberia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Jay L. Stevenson Student Embalmer No. 654
working under my personal supervision.

Student Jay L. Stevenson
Signature of Student Embalmer

Signed

Licensed Embalmer No. 4073

P. O. Address Stover Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.